



**STATE OF MAINE**  
**Bureau of Insurance**

34 State House Station  
Augusta, ME  
04333-0034

**APPOINTMENT OF RESIDENT AGENT TO RECEIVE  
SERVICE OF PROCESS**

Name of Viatical/Life Settlement Provider		Maine Bureau of Insurance Registration # (should be left blank if new Applicant)
Name of Agent to Receive Service of Process ( <b>Must be an agent located in Maine</b> )		Business Phone
Street Address of Agent	City	Zip

The above Viatical/Life Settlement Provider duly organized under and by virtue of the laws of the State of \_\_\_\_\_ with its principal place of business in \_\_\_\_\_, State of \_\_\_\_\_, for the purpose of being authorized to transact business in the State of Maine, hereby appoints the above to serve as its agent to receive service of legal process issued against it in the State of Maine. The forenamed agent is hereby authorized and empowered to receive and accept such service of process and such service shall be taken and held as valid as if served upon the company as attested to by the enclosed Board of Directors Resolution.

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Type or Print Name of Principal Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date